



Request for Proposal (RFP) SHR 08-04

Microfilm/Microfiche Conversion

Addendum No. 1

December 11, 2008

This Addendum is intended to provide additional information and/or to change the requirements in the above-referenced RFP. Any information contained herein will be considered part of the RFP and as such will be used in the evaluation of the proposal responses.

ADDENDUM DESCRIPTION:

Attachments A - Cover Sheet, B – Cost Statement, and C – References are included for the above referenced RFP.

Attachment A – Cover Sheet**PROPOSAL FOR FILM CONVERSION, AND INDEXING SERVICES****VENDOR'S NAME** (name of firm, entity or organization)

FEDERAL EMPLOYOER IDENTIFICATION NUMBER

NAME AND TITLE OF VENDOR'S CONTACT PERSON

CONTACT INFORMATIONStreet Address

City, State, Zip

Telephone Number

Fax Number

E-mail address

VENDOR'S ORGANIZATIONAL STRUCTURE☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Joint Venture ☐ Other (explain)If Corporation: Date Incorporated

 State Incorporated

States Registered in as foreign corporation

VENDOR'S SERVICES OR BUSINESS ACTIVITIES OTHER THAN WHAT THIS RFP REQUESTS

VENDOR'S AUTHORIZED SIGNATURE

The undersigned hereby certifies that this proposal is submitted in response to this request.

SIGNED:

DATE:

PRINT NAME:

TITLE:

Attachment B – Cost Statement**UNIT/SERVICE COSTS**

DELIVERABLE	UNIT COST	EXPLANATION
ON-SITE MICROFILM SERVICES		
Inventorying and prepare to scan		
Scanning from film to digital image (price per image)		
Setup Charge		
Validation of indexing		
Quality Control Scanned Images		
Hours to complete (1 employee)		
*Days to complete (1 employee)		
Limited Indexing – batch 100 images		
Full Indexing – dual level blip film		
ON-SITE MICROFICHE SERVICES		
Inventorying and prepare to scan		
Scanning from film to digital image (price per image)		
Setup Charge		
Validation of indexing		
Quality control Scanned Images		
Hours to complete (1 employee)		
*Days to complete (1 employee)		
Limited Indexing – batch 100 images		
Full Indexing – dual level blip film		

*Completion timeframe is based on 5 day a week 8 hour day operation (excluding weekends and holidays).

Attachment C - References

List three (3) government agencies to whom you have supplied a like system in within the last five (5) years.

Agency Name:

Address:

Contact Person:_____

Telephone No. ()_____ Fax () _____

Number of years your company has provided this product to this customer _____

Agency Name:

Address:

Contact Person:_____

Telephone No. ()_____ Fax () _____

Agency Name:

Address:

Contact Person:_____

Telephone No. ()_____ Fax () _____

Number of years your company has provided this product to this customer _____

Submission of this document constitutes permission to the County to check, verify, and have certified all of the information contained herein.